Recurrent empyema secondary to persistent spinal compression of the left main bronchus

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A 32-year-old man with cerebral palsy and severe scoliosis was admitted for fever, leukocytosis, and a nearly opacified left hemithorax found on a chest radiograph (Figure 1). The patient was known to have history of ''bronchomalacia'' and recurrent upper respiratory infection, according to his caregivers. A chest computed tomography scan was obtained to evaluate the extent of the effusion. The images showed critical narrowing of the distance between the thoracic spine and sternum, with significant compression of the left main bronchus between the vertebral body and the supra-aortic vessels (Figure 2). Given the patient's extremely frail body habitus and poor long-term prognosis, a conservative approach was necessary. Management consisted of administration of intravenous antibiotics, evacuation of the empyema through a thoracostomy tube, and repeated Alteplase intrapleural instillation. The process resolved entirely within 2 weeks.

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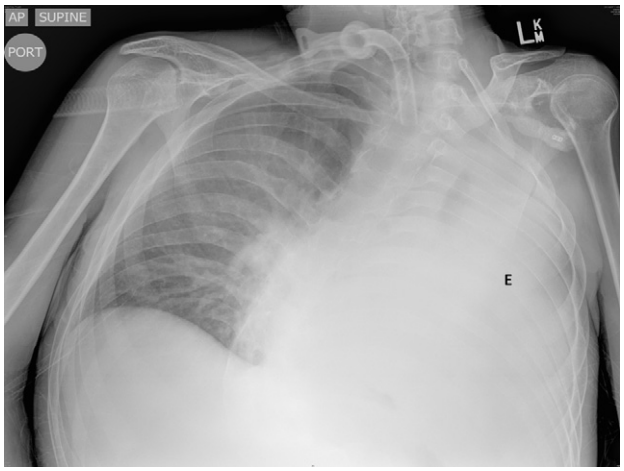

FIGURE 1. Chest radiograph showing complete opacification of left pleural space. *E*, Empyema.

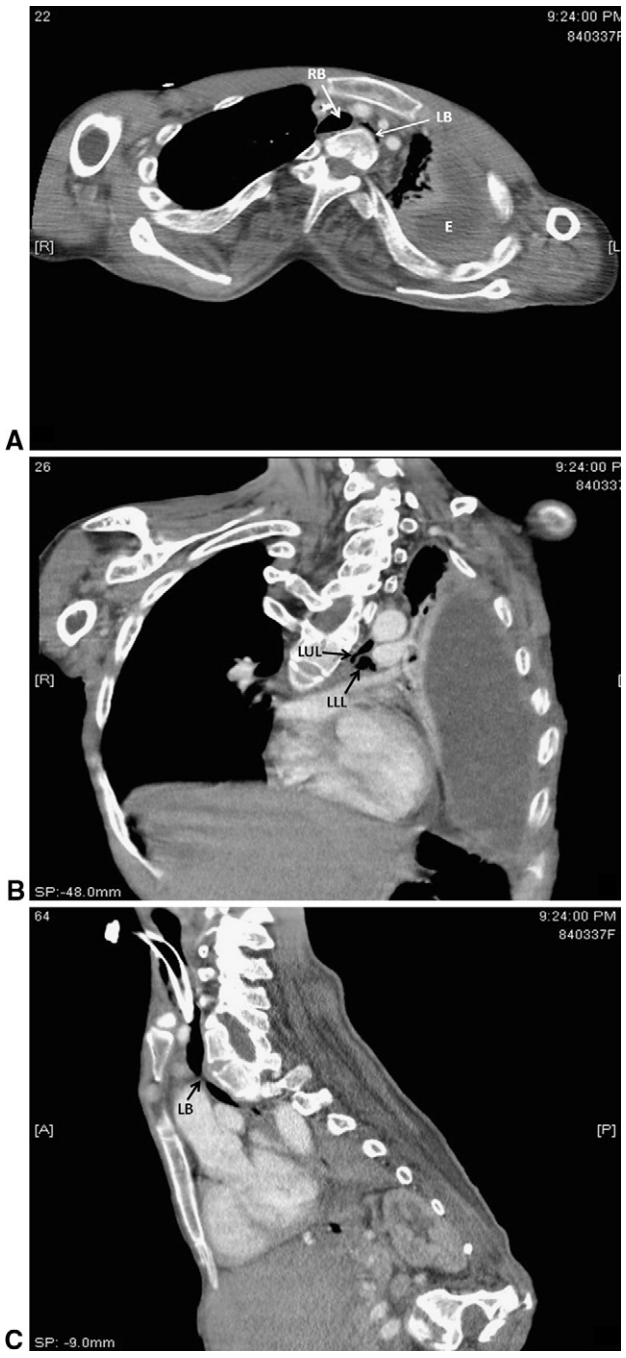

FIGURE 2. A, Chest computed tomography scan (axial view) showing significant left main bronchus narrowing. *RB*, Right bronchus; *LB*, left bronchus; *E*, empyema. B, Chest computed tomography scan (coronal view). *LUL*, Left upper lobe bronchus; *LLL*, left lower lobe bronchus. C, Chest computed tomography scan (sagittal view). *LB*, Left bronchus.